

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	G.W.	249 67094	6/13/99
O.I.P.E. CLASSIFIER		25	06-17-99
FORMALITY REVIEW	EVB	66793	06/23/99

INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)..... Canceled  
 ÷ ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
1	✓	9/00	✓
2	✓	3/01	✓
3	✓	9/01	✓
4	✓	12/02	✓
5	✓	5/03	✓
6	✓		✓
7	✓		✓
8	✓		✓
9	✓		✓
10	✓		✓
11	✓		✓
12	✓		✓
13	✓		✓
14	✓		✓
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here